

**EVIDENCE OF PARTIAL TRANSFER OF CLAIM**

TO: Clerk, United States Bankruptcy Court, Southern District of New York

AND TO: JPMorgan Chase Bank, N.A.

**JPMORGAN CHASE BANK, N.A.**, a national banking association, with offices at c/o J.P. Morgan Securities LLC, Mail Code: NY1-M138, 383 Madison Avenue, Floor 37, New York, New York 10179 ("**Seller**"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and pursuant to the terms of an Assignment of Claim agreement dated as of the date hereof, does hereby certify that it has unconditionally and irrevocably sold, transferred and assigned to **SOLUS RECOVERY FUND OFFSHORE MASTER LP**, with offices located at 410 Park Avenue, 11th Floor, New York, NY 10022 ("**Buyer**"), all right, title and interest in and to the claims of Seller against LEHMAN BROTHERS HOLDINGS INC. (and its affiliates) docketed as Claim No. 32695 to the extent of \$327,805 (the "**Claim**") in the United States Bankruptcy Court, Southern District of New York, Case No. 08-13555 (JMP) (jointly administered).

Seller hereby waives any notice or hearing requirements imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, and stipulates that an order may be entered recognizing this transfer and sale of the Claim as an unconditional assignment and sale and Buyer herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect to the Claim to Buyer.

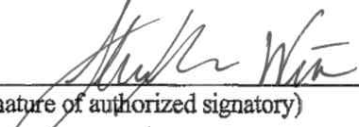
IN WITNESS WHEREOF, dated as of the dates set forth below.

**JPMORGAN CHASE BANK, N.A.**

WITNESS:

  
\_\_\_\_\_  
(Signature)

Name: Chris Jarry  
Title: Associate  
(Print name and title of witness)

By:   
\_\_\_\_\_  
(Signature of authorized signatory)

Name: Alexander Wilk  
Title: Authorized Signatory  
Tel.: \_\_\_\_\_  
Date: 2-13-13

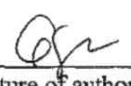
**SOLUS RECOVERY FUND OFFSHORE  
MASTER LP**

By: Solus Alternative Asset Management LP  
Its Investment Advisor

WITNESS:

\_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
(Print name and title of witness)

By:   
\_\_\_\_\_  
(Signature of authorized signatory)

Name: Gordon Yeager  
Title: Chief Risk Officer &  
Chief Operations Officer  
Tel.: \_\_\_\_\_  
Date: 2/13/13